PTO/SB/17 (10-07)

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| Effective on 12/08  | Complete if Known            |                             |             |                        |               |                                       |
|---|------------------------------|-----------------------------|-------------|------------------------|---------------|---------------------------------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  |                              | Application Number 10/606,3 |             | 10/606,382-Coi         | 2-Conf. #4732 |                                       |
|   |                              | Filing Date                 |             | June 26, 2003          |               |                                       |
| For FY 2008   |                              | First Named Inve            | entor       | Gab Jae LEE            |               |                                       |
| FULL TO   | Examiner Name                |                             | V. T. Pham  |                        |               |                                       |
| Applicant claims small entity status. See 37 CFR 1.27   |                              | Art Unit 2                  |             | 2627                   |               |                                       |
| OTAL AMOUNT OF PAYMENT (\$) 810.00 Attorney Docket No.  |                              |                             | No.         | 1630-0387PUS1          |               |                                       |
| METHOD OF PAYMENT (check all that apply)  |                              |                             |             |                        |               |                                       |
| Check Credit Card Money Order None Other (please identify):   |                              |                             |             |                        |               |                                       |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |                              |                             |             |                        |               |                                       |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                              |                             |             |                        |               |                                       |
| X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                              |                             |             |                        |               |                                       |
| Charge any additional fee(s) or underpayments of X Credit any overpayments  |                              |                             |             |                        |               |                                       |
| fee(s) under 37 CFR 1.16 and 1.17   |                              |                             |             |                        |               |                                       |
| FEE CALCULATION   |                              |                             |             |                        |               |                                       |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES   |                              |                             |             |                        |               |                                       |
| FI  | LING FEES SE  Small Entity   | Small Entity                |             | Small Entity           |               | 2.4                                   |
| Application Type Fee (\$  |                              |                             | Fee (\$)    | Fee (\$)               | Fees F        | Paid (\$)                             |
| Utility 310   | 155 510                      | 255                         | 210         | 105                    |               |                                       |
| Design 210  | 105 100                      | 50                          | 130         | 65                     |               | · · · · · · · · · · · · · · · · · · · |
| Plant 210   | 105 310                      | 155                         | 160         | 80                     |               |                                       |
| Reissue 310   | 155 510                      | 255                         | 620         | 310                    |               |                                       |
| Provisional 210   | 105 0                        | 0                           | 0           | 0                      |               |                                       |
| 2. EXCESS CLAIM FEES  |                              |                             |             | •                      |               | Small Entity                          |
| Fee Description Fee (\$) Fee (\$)   |                              |                             |             |                        |               |                                       |
| Each claim over 20 (including Reissues) 50 25   |                              |                             |             |                        |               | 25                                    |
| Each independent claim over 3 (including Reissues)  |                              |                             |             |                        | 210           | 105                                   |
| Multiple dependent claims   |                              |                             |             |                        | 370           | 185                                   |
| <u>Total Claims</u> <u>Extra Claims</u>   | Fee (\$) Fee                 | Paid (\$)                   |             | ultiple Depender       |               |                                       |
| HP = highest number of total claims paid for  | x =<br>: if greater than 20. |                             | <u>Fe</u>   | <u>e (\$)</u> <u>F</u> | ee Paid (\$   | 1                                     |
| Indep. Claims Extra Claims  | \                            | Paid (\$)                   | <del></del> |                        |               | _                                     |
| - = x _ =   |                              |                             |             |                        |               |                                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                              |                             |             |                        |               |                                       |
| 3. APPLICATION SIZE FEE   |                              |                             |             |                        |               |                                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |                              |                             |             |                        |               |                                       |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                              |                             |             |                        |               |                                       |
| Total Sheets  |                              |                             |             |                        |               |                                       |
| - 100 = /50 = (round up to a whole number) x =  |                              |                             |             |                        |               |                                       |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)  |                              |                             |             |                        |               |                                       |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  |                              |                             |             |                        |               |                                       |
| SUBMITTED BY  |                              |                             |             |                        |               |                                       |
| 6:  | 2 the                        | Registration No.            | 40,953      | Telephone              | (703) 20      | 5-8000                                |
| 700   | - Augustian                  | (Attorney/Agent)            |             | Date                   |               |                                       |
| Name (Print/Type) Esther H. Chong Date March 5, 2008  |                              |                             |             |                        |               |                                       |
| T T T T T T T T T T T T T T T T T T T   |                              |                             |             |                        |               |                                       |

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